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JAN 1 4 2010

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name		Office:
HERB ROAMS		☐ House ☐ Senate
Mailing address		District
231 STATE ST.		119
City, zip code	and the control of th	Phone
PORTHAND, ME. 04101		207-772-2565
PART 1. INCOME D	ERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from w		
economic activity of each employer.	. *	
Name of Employer	Address	Principal Type of Economic Activity of Employer
UNIVERSITY AT SUTTHERN	96 FALMOUTH ST.	
UNIVERSITY OF SWITHERN	PMT 44MO, 1118-04103	BOULATION
	•	
	namen en el con a compression de la co	
	E DERIVED FROM SELF-EMPLOYMEN	T
	gislators who are self-employed.)	
<ul> <li>A. List the name and address of your business, if an associated with a partnership, firm, professional asso entity.</li> </ul>	y, and list the major areas of economic activit ciation, or similar business entity, list the maj	y from which you derived income. If for areas of economic activity of that
		Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activity (partnership, association or similar business entity)
Name:		
Address:		
Name:		

PART 2 (continued). INCOME DERIVE (For Legislators who are s		NT
B. List each source of income derived from self-employment that represer greater, and specify the principal type of economic activity of the entity of disclosure is prohibited by law, rule, or an established code of professional entity or person from whom the income was derived.	nts more than 10% of your gros or person from whom you deriv	ed such income. If this form of
Name and Address of Source	A	Principal Type of Economic ctivity of Entity or Person Who is the Source of the Income
Name: Address:	The server than the control of the c	
Name: Address:	SCANNICON CONTROL CONT	
PART 3. MAJOR AREAS (For Legislators who are attor		
List your major areas of practice. If associated with a law firm, list the major		的现在分词是对他是可能的"分别是用于对外处理的表表的是否的是否则表现的是可能是否的是
Name and Address of Firm	Major Areas of Practic (self)	e Major Areas of Practice (firm)
Name: Address:		
Name: Address:		
PART 4. OTHER SOURCE		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of None	THIS TOTH. DO NOT INCIDE GITS.	II Hone, check the box.
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Address:		
Name: Address:		
PART 5. REPORTABLI	E LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more the areas of economic activity of each creditor. Do not list credit card liability or		
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name: Address:	- Principle State Control of the Con	
Name:		

Address:

		Alektesteriki/akki/accirisorki/akki/		965949555566985555655566		area lib
List the specific source of each gift of more than \$300. Incl none, check the box.	lude gifts v	with an aggregate	value of mor	e than \$300 fro	m a single sourc	æ. I
None	побивеннями выправлений почений предоставлений почений	\$	.veng-s.s.venanfe/verlintinvense/aslivili/fasiivili/deliis	iki kadinilik adilihila kengaman kangman, primali zalamali zalamali ini bad	\$	describiolists and the
Name of Source of Gift		ydd gleddigwydd felliddiodd gellydgolaed beildiol fel hifyd acgell flwn glennid 2 y digwnes, o'r ac yn ys sa Glennyddiol y glenniaeth y	Name of	Source of Gift	and the fall of the fall of the fall of the section of the fall of	inn i neriseltimoslitiga
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PART 7. RI	EPORTA	BLE HONORAR	Α			
List the source of any honoraria accepted for appearances or	speeches	related to your leg	islative respo	onsibilities. If no	one, check the b	ox.
None	thad a shell me built in the she and a shell a bear like be	vsjawawykiwymaxxwaminitifififihatda fitelindali II-ntzajiwyli-fizajiwyli	netivetidiratetideteebeburaahlinaughma	MINISTER AND STATE OF THE STATE	2007/2480-0/10/1491/20/1491/20/1491/20/1491/20/1491/20/20/20/20/20/20/20/20/20/20/20/20/20/	DIMERPAIRE
Name of Source of Honoraria	ellis il pilitare i Nestonio e estysto i segeti (	nement il en man di decidi i e dene se ce al impere para trata decide con il proprieta del con il proprieta de	Name of So	urce of Honorar		
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PART 8. REPRESENT List each executive branch agency before which you represe	encenninger replaced	SECONOMISSION OF STREET			t If none cheel	k tha
box.		SSISIEU ORICES IOI (		TOT arry arriour	i. II Hone, ched	C the
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Name of Agency			Name	of Agency		anomatición.
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PART 9. BUSIN	IESS WIT	H STATE AGEN	IGIES			
List each executive branch agency to which you or a member				r services with	a value in exces	ss of
\$1,000 during the reporting period. If none, check the box.	Print of the Control	1. ANN AND THE	індталічній септерай тературація авторація авт		riststelen en alle en ambjenersi, may en, ession gengemon, by apapeans pass	:0011V-0-V0-X10V
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2.	**************************************	4.				
PART 10. INCOME RECEIVE	ED BY M	EMBERS OF IMI	MEDIATE F	AMILY		
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind	of income	of \$1,000 or more	received by	your spouse or	domestic partne	er or
or more of income, their name and job title are listed. Do not i	include gif	ts.		management		,000
Name of Spouse or Domestic Partner and Job Title	Repres	Economic Activity enting Source of me Received	Relationship	Kind	l of Income	
Name:	1.	AL LA		1	T.	**************************************
Job Title:	2.	n/A	Spouse or Domestic	2.	18	
	3.		Partner	3.		
	,		Dependent Child			
If dependent child(ren) receive more than \$1,000 of income	- ANTERNATIONAL CONTRACTOR OF THE STATE OF T		Dependent		all to hell the household Addied Children (Children) for consistence and assessment and state	***************
for the reporting period, list only the type of economic activity and the kind of income.	Sand-lanes en		Child			PARISH AVAILA
			Dependent Child			

PART 6. REPORTABLE GIFTS

None					
Or	ganization/Business	Title	Position Held	Family Member's	
Professional Association (Association) and American (Association) (Association) and Association (Association) and Association (Association) (A	and Address	www.holovet.vrpiichovet.rodepovet.(C <mark>r</mark> ancet.(hold))) (4-draid)) (1-francet.holovet.ho	By:	Name	sated
PARKSION ASSOCIA	E WEIGHBORNOOD TION, POUTLAND	DIRECTORS MEMBER	SGLF	HONE	なっての
		SIGNATURE			
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PART 11. OFFICER OR DIRECTOR POSITIONS